

City of Roswell - Recreation Department

Application Supplement for Cahoon Pool

PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____
Last Name First Name MI
Social Security #: _____ Phone: []
Address: _____ City: _____
State: _____ Zip: _____ - _____

LIST CERTIFICATES YOU HOLD

<input type="checkbox"/>	Water Safety Instructor	Instructor: _____	Date: _____
<input type="checkbox"/>	Lifeguard Training	Instructor: _____	Date: _____
<input type="checkbox"/>	CPR	Instructor: _____	Date: _____
<input type="checkbox"/>	First Aid	Instructor: _____	Date: _____
<input type="checkbox"/>	Other _____	Instructor: _____	Date: _____

TYPE OF POSITION DESIRED

PLEASE LIST ALL TYPES OF AQUATIC EXPERIENCE YOU HAVE HAD

WHAT OTHER WORK OR JOB EXPERIENCES HAVE YOU HAD THAT MIGHT BENEFIT YOU IN THE DESIRED POSITION

WILL YOU BE ABLE TO WORK SIX DAYS A WEEK DURING THE POOL SEASON?

☐ Yes
☐ No — please list the date(s) that you will need to leave: _____

DO YOU PLAN ON TAKING ANY SUMMER SCHOOL CLASSES OR WILL YOU BE TAKING A VACATION DURING THE SUMMER?

☐ Yes — when and for how long: _____
☐ No

OTHER INFORMATION